MAXIMUS Federal Services

Case Number:	CM14-0042033		
Date Assigned:	08/01/2014	Date of Injury:	06/01/2011
Decision Date:	10/14/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records, presented for review, indicate that this 56-year-old female was reportedly injured on June 1, 2011. The mechanism of injury was noted as an overuse syndrome. The most recent progress note, dated March 25, 2014, indicated that there were ongoing complaints of wrist pain. The physical examination demonstrated a positive Tinel's sign, a positive Phalen's sign, diffuse form tenderness, and a decrease in sensation in the median nerve distribution. Diagnostic imaging studies objectified a carpal tunnel syndrome; however, the severity has not been established. Previous treatment included steroid injections, topical preparations, wrist splints, medications and other pain management interventions. A request had been made for carpal tunnel release and medications and postoperative care and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: As noted in the ACOEM guidelines, surgical consideration for carpal tunnel release requires a red flag of a serious nature. This would include severe changes on author diagnostic testing demonstrating a median nerve compressive neuropathy. While noting that there is electrodiagnostic changes, the severity of the findings are not reported. Furthermore, there is an osteoarthritis of the 1st carpal joint, and it is not clear how this is affecting the overall clinical situation. Therefore, based on the clinical information presented for review, the surgical standards are not met and the surgery is not medically necessary.

Postoperative physical therapy 2 times per week for 4 weeks for 8 sessions to the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, postoperative physical therapy is not medically necessary

Postoperative prescription of Zofran: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: (ODG): Pain chapter, updated September 2014

Decision rationale: When noting that the underlying surgical intervention is not medically necessary, perioperative medications are not medically necessary.

Postoperative prescription of Duracef: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: In that the underlying request for surgery is not medically necessary, perioperative antibiotic therapy is not medically necessary.

Postoperative prescription of Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use, On-going management).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: In that the underlying surgical request is not medically necessary, perioperative analgesic medication is not medically necessary.

Postoperative prescription of Sprix 15/75mg, Nasal spray for postoperative pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated September 2014

Decision rationale: In that the underlying surgical intervention is not medically necessary, the formulation of non-steroidal medications is not medically necessary.